

CMFT-1-X Amended County Motor Fuel Tax Return

Rev	02	Form 026		
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NS	DP	CA	RC	

Do not write above this line.

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₹	eau	uns	IIIIOI	mation	HIST

Everyone must complete Parts 1, 2, and 5. You must also complete

- Part 3 if you believe you have overpaid.Part 4 if you are changing financial information.

Amount you are paying: \$	
Make your check payable to "Illinois	Department of Revenue."

Part 1: Identify your business	
1 IBT no	"X" only if your address is different from the address on your original return and complete item 4 below. 4 Mailing address Number and street City State ZIP
 I made a computational error. I should have taken a deduction or a larger deduction on my original return because I sold motor fuel a to another Illinois business for resale.	4 I took a deduction on my original return that was not allowed or was too large. 5 The original IBT number was incorrect. The correct IBT number is 6 The original tax period was incorrect. The correct tax period is 7 Other. Please explain
Part 3: If you are claiming an overpayment 1 Did you collect the overpaid tax from your customer on the sale? 2 If yes, did you unconditionally refund the overpaid tax?	

Please turn page over to complete Parts 4 and 5

Part 4: Correct your financial information			Column A	Column B	
			Most recent figures filed	Figures as they should have been filed	
whe	en writing your figures please round to the nearest whole do	llar.			
1	Write the total gallons you sold.	1		1	
	Write the deductible gallons you sold	•		1	
_	a to exempt organizations.	22		2a	
	b for other reasons. (Please identify.)			2b	
3	Add Line 2a and Line 2b.	25			
	The sum is the total deductible gallons.	3		3	
4	Subtract Line 3 from Line 1.	3		-	
	The difference is the taxable gallons.	4		4	
5	-	•			
	This is the tax due on taxable gallons.	5		5	
6	Discount (See note.)			6	
7		· ·			
-	This is the net tax due on taxable gallons.	7		7	
8	Write any prior overpayment amount you are using.			8	
9	Subtract Line 8 from Line 7. This is the net tax due.	· ·		9	
10	Penalty (See instructions.)			10	
11	Interest (See instructions.)			11	
12					
	This is the total penalty and interest.	12	1	12	
13	Add Line 9 and Line 12.				
	This is the total tax, penalty, and interest.	13	1	13	
14	Write any credit memorandum amount you are using.			14	
15	Subtract Line 14 from Line 13. This is the net total due.			15	
16	Write the total amount you have paid.			16	
17	If Line 16 is greater than Line 15, Column B, subtract Line	15, Column B,			
	from Line 16. This is the amount you have overpaid .				
	Stop here, and sign this return in Part 5.		1	l7	
18	If Line 16 is less than Line 15, Column B, subtract Line 16				
	from Line 15, Column B. This is the amount you have under	paid.			
	Please pay this amount. Sign this return in Part 5.		1	18	
Ma	ke your check payable to "Illinois Department of	of Revenue."			
Ple	ase write the amount you are paying on the line provide	ed on the front of this return.			
_					
Pa	rt 5: Sign below				
Und	ler penalties of perjury, I state that I have examined this return	n and, to the best of my knowled	lge, it is true, correct,	and complete.	
		,	`		
		() -		
Owne	er, partner, or officer's signature	Title Phot	ne	Date	
		,	`		
		() -		
Paid p	oreparer's signature	Title Pho	ne	Date	

Mail this return and any payment you owe to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19034

SPRINGFIELD IL 62794-9034